GENERAL HEADQUARTERS
UNITED STATES ARMY FORCES, PACIFIC
OFFICE OF THE CHIEF SURGEON

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CIRCULAR LETTER)
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NO..... 55)

SUBJECT: Combined Treatment and Suppression of Vivax Malaria.

TO : The Surgeon, Sixth Army, APO 442
The Surgeon, Eighth Army, APO 343
The Surgeon, Far East Air Forces, APO 925
The Surgeon, United States Army Forces, Western Pacific, APO 707
The Surgeon, United States Army Forces, Middle Pacific, APO 958
The Surgeon, XXIV Corps, APO 235

1. With the discontinuance of atabrine suppression by increasing numbers of troops, it is expected that clinical malaria will begin to appear in personnel who have previously served in malarious areas and have acquired malaria hitherto suppressed by atabrine. Experience has demonstrated that the majority of these cases occurring when atabrine suppression is terminated in a non-malarious area are vivax malaria.

2. Approximately 70% of patients with primary vivax malaria can be expected to have further relapses following treatment, if atabrine suppression is not instituted after completion of the course of treatment.

3. The number of such relapses, with their concomitant undesirable effects, can be greatly reduced by the adoption of a system of unsupervised individual suppression in areas where routine atabrine suppression is not in effect. In such areas, every patient hospitalized for malaria should, on discharge from hospital, be given a bottle of 100 atabrine tablets (0.1 gm.). This supply should be handed to the patient by the ward medical officer, who should explain to the patient the advisability of taking one tablet per day until the supply is exhausted.

4. The above policy has been found effective in reducing malaria rates in soldiers returning from malarious areas to the United States. It should reduce the maximum possible number of relapses occurring in any one individual to two or three per year.

For the Chief Surgeon:

Paul I. Robinson

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